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Patent and Trademark Office: Ough 9/30/00. OMB 0651-0032

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DECLARATION FOR UTILITY OR			Attorney Docket Num	ber				
DECLARA		ESIGN	First Named Inventor	Chhedi L. Verma				
PATENT APPLICATION			COMPLETE IF KNOWN					
(37 CFR 1.63)		Application Number	/					
Declaration Submitted with Initial Filing		☐ Declaration	Filing Date					
	OR	Submitted after Initial	Group Art Unit					
		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					

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As a below named inven	As a below named inventor, I hereby declare that:									
My residence, post office a	address, and citizenship are	as stated below next to m	y name.							
	first and sole inventor (if on the subject matter which is	Committee on in the Million of Da	atent is sought o	n the invention.	rentor (if plural					
Method and a prospective	pparatus for p	resenting pric	e compar	ison to	ontace.					
the specification of which is attached hereto OR	(Tit	de of the Invention)		-						
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Application Number	and w	ras amended on (MM/DD/Y								
I hereby state that I have re amended by any amendmen	viewed and understand the	Contacts of the about		n, including the	(if applicable).					
I acknowledge the duty to di	,									
	Seese information which is	material to patentability as	defined in 37 Ci	R 1,56.						
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's ertificate, or 365(a) of any PCT international application which designated at least one country other than the United States of merica, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached?					
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Additional foreign applicati	on numbers are listed on a	supplemental priority data	sheet PTO/SB/0	28 attached her	reto:					
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Application Number(s	i) Filing Date	(MM/DD/YYYY)	Addition number supple	nal provisiona rs are listed o mental priority B/02B attache	n a data sheet					
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[Page 1 of 2]

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PTC/SB/01 (12-97)
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Chhedi Lal Verma														
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1 of _1

Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Mamta Mamta Ganesan TX Country USA Chitzenship Post Office Address Signature Given Name (first and middle [if any]) Given Name (first and middle [if any]) Family Name or Surname TX Country USA Chitzenship USA Chitzenship USA Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname Family Name or Surname Chitzenship Post Office Address Chy State Chy State Chy State Chy State Chy Country Country Chy Country Chy Country Chy Country Chy Country Chy Country Chitzenship Chitzenship Chy Country Chy Chitzenship Chy Country Chy Chy Chy Chy Chy Chy Chy C								90 81	of_1_	
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